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Images in Cardiology: Massive Pulmonary Embolism in a Patient with Type A Aortic Dissection

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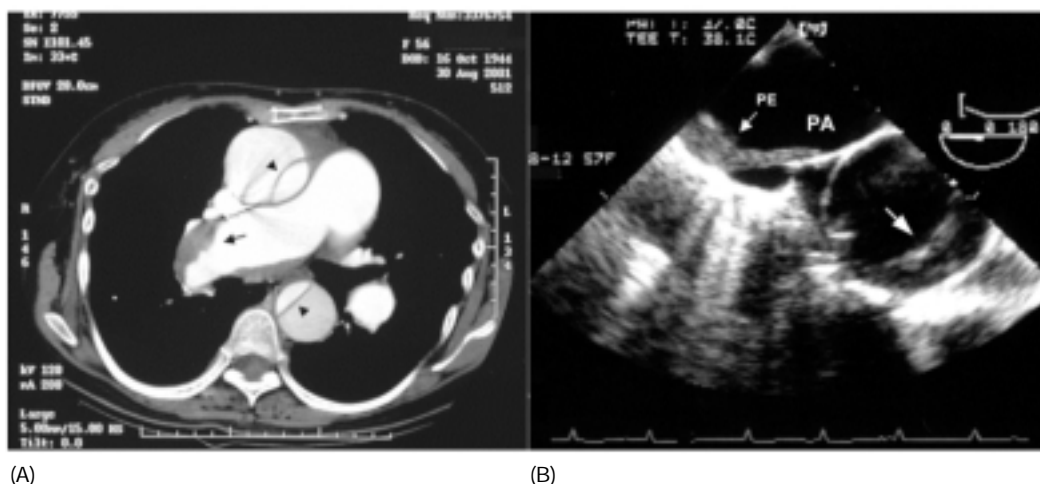


FIG. 1 (A) Thrombus (arrow) at the right distal main pulmonary artery and the dissection flap of the aorta (arrowhead). (B) Pulmonary embolism (PE) (small arrow) and the intimal flap (large arrow) of aortic dissection.

In a 57-year-old woman admitted due to dyspnea, transesophageal echocardiography and computed tomography demonstrated pulmonary embolism in the right main pulmonary artery and Stanford type A aortic dissection. Surgery was suggested at the time of diagnosis but declined by the patient. She was managed conservatively with heparin, successfully weaned from mechanical ventilation, and continued to do well until she succumbed to sudden death 8 months after discharge. Coexistence of type A aortic dissection and pulmonary

embolism has never been described, although occlusion of the pulmonary artery secondary to dissecting aneurysm compression has been reported.¹

Reference

1. Rau AN, Glass MN, Waller BF: Right pulmonary artery occlusion secondary to a dissecting aortic aneurysm. *Clin Cardiol* 1995;18: 178–180